

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

No.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.	48	↓	↓	↓	↓	↓
TOTAL CLAIMS	59	↓	↓	↓	↓	↓